| + |

PTO/SB/121 (10-00) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## CORRESPONDENCE ADDRESS INDICATION FORM

 $\boxtimes$ 

\*Total of

## Address to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450



|  | MADE  |                     |                        |                    |                             |  |
|--|---|---------------------|------------------------|--------------------|-----------------------------|--|
| Direct all corres  | pondence to:  |                     |                        |                    | Place Custon                | ner  |
| $\boxtimes$  | Customer  | Number:             | 2311                   | 7                  | Number Ba<br>Label Here     |  |
| OR   | Type Customer Number here   |                     |                        |                    |                             |  |
| Request for Customer Number (PTO/SB/125) submitted herewith. |   |                     |                        |                    |                             |  |
| in the following listed application(s) or patent(s):         |   |                     |                        |                    |                             |  |
| Patent Number (if appropriate)                               |   | Application Number  |                        |                    | ent Date<br>propriate)      | U.S. Filing<br>Date  |
|  |   | 09/986,124          |                        |                    | ,                           | November 7, 2001   |
|  |   |                     |                        |                    |                             |  |
|  |   |                     |                        |                    |                             |  |
|  |   |                     |                        |                    |                             |  |
|  |   |                     |                        |                    |                             |  |
|  |   |                     |                        |                    |                             |  |
|  |   |                     |                        |                    |                             |  |
|  |   |                     |                        |                    |                             | •  |
|  |   |                     |                        |                    |                             |  |
|  |   |                     |                        |                    | (check                      | ( one)   |
| Typed or   |   | Payon               | LI Davidson            | `                  |                             | Applicant or Patentee  |
| Typed or Printed Name  Bryan H. Davidson                     |   |                     |                        |                    |                             | Applicant of Fatentee  |
| Signature \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\             |   |                     |                        |                    |                             | Assignee of record of the entire interest. Statement under 37 C.F.R. § |
| Date   | July 7, 2004  |                     |                        |                    |                             | 3.73(b) is enclosed. (Form PTO/SB/96)                                  |
| Address of signer:   | 1100 North Glebe Road, 8 <sup>th</sup> Floor<br>Arlington, VA 22202 |                     |                        | $\boxtimes$        | Attorney or Agent of record |  |
|  |   |                     |                        |                    |                             | 30,251   |
| 1075 0: 114  |   |                     |                        |                    |                             | (Reg. No.)   |
| than one signature i   | of all the inventors<br>is required, see be                         | or assignees of rec | ord of the entire inte | erest or their rep | resentative(s) are          | required. Submit multiple forms if more                                |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.

forms are submitted.